

Mental Health Toolkit

SEPTEMBER 2021

This toolkit is in collaboration

between the Southeast Asia Resource Action Center and the Hmong Cultural Center of Butte County. Both are projects funded by the Mental Health Services Oversight and Accountability Commission. The purpose of this toolkit and project is to increase awareness of the challenges and issues facing diverse racial and ethnic communities through advocacy, training and education, and outreach and engagement at the local levels.



This toolkit contains six sections. Click on a section below to get started:

1. [Demographics of Butte County](#)
2. [Mental Health Disparities in Butte County](#)
3. [The Mental Health Services Act: How You Can Get Involved](#)
4. [The Community Planning Process: How You Can Make Your Voice Heard](#)
5. [Key Contacts for Advocacy Efforts](#)
6. [Local Mental Health Resources](#)



SECTION 1

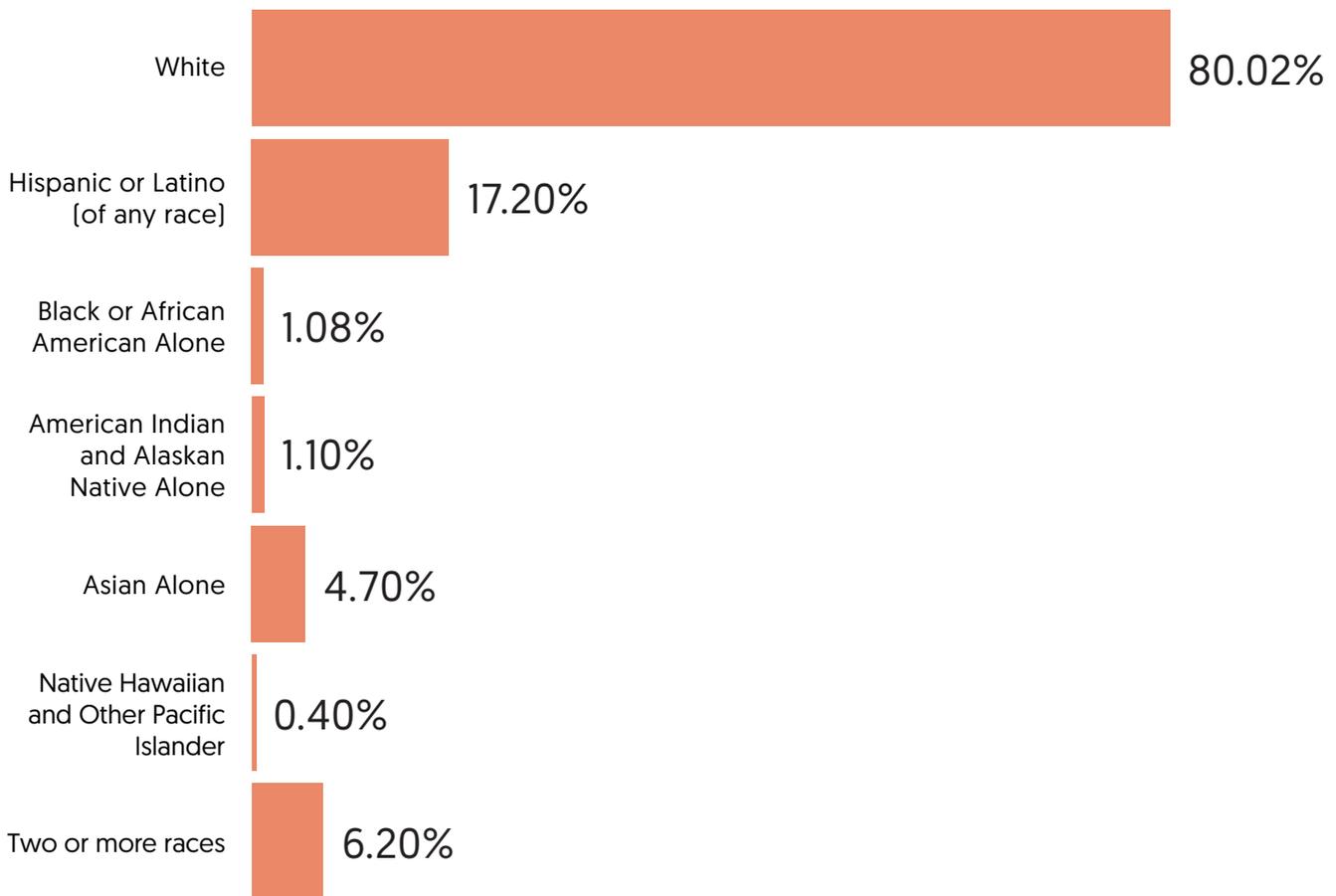
Demographics of Butte County



BUTTE COUNTY: KEY DEMOGRAPHIC INDICATORS¹

Mental health systems must meet the needs of the diverse communities that they serve. The demographic indicators below provide a brief overview of Butte County residents and the socioeconomic challenges they face. It is important to note that disaggregated data for groups such as “Asian Alone” and “Native Hawaiian and Other Pacific Islander” do not exist and more granular data are required to demonstrate the needs and disparities hidden in aggregated data. Institutions often do not collect disaggregated data due to the small number of Asian American, Native Hawaiian and Pacific Islander subgroups in the County, despite well-established evidence of disparities and sizable populations such as the Hmong community in Butte County.

Race and Ethnicity

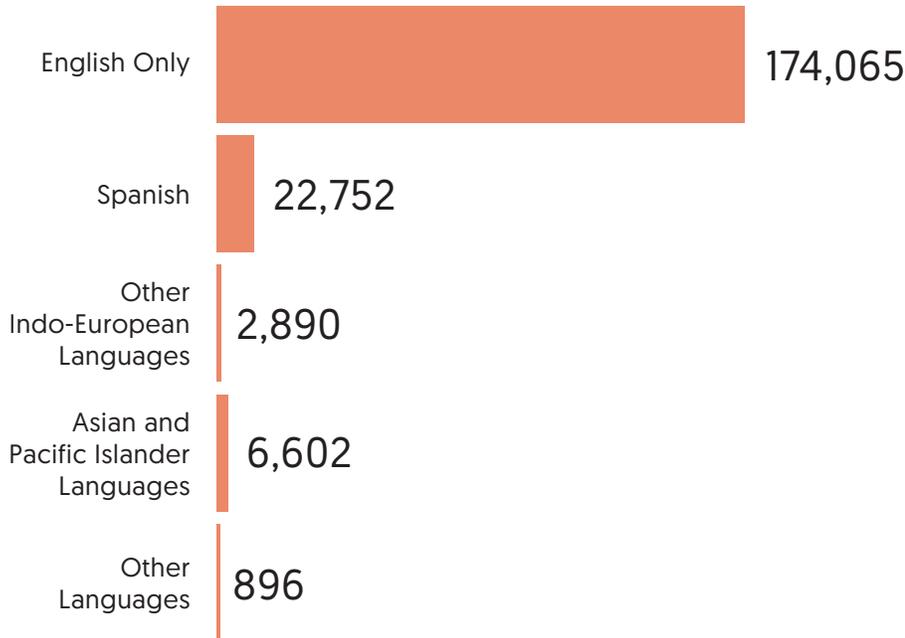


¹Based on 2019 American Community Survey - 1 Year Estimates Data Profiles



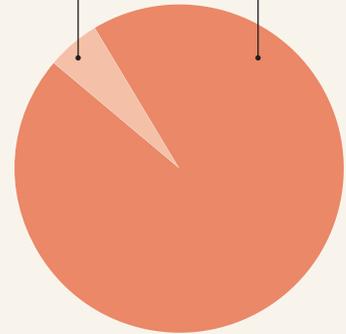
Languages Spoken at Home

According to the [2018 County Behavioral Health Cultural Competence Plan](#), Hmong and Spanish are the most common primary languages spoken at home after English.



ENGLISH PROFICIENCY

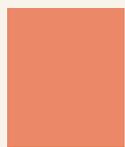
5.2% speak English less than 'very well' | 94.8% speak English 'very well'



Of the 3.2% of residents that speak Asian and Pacific Islander languages at home, the percentage that "speaks English less than 'very well'" is 1.4%.

POVERTY RATES

13.2%



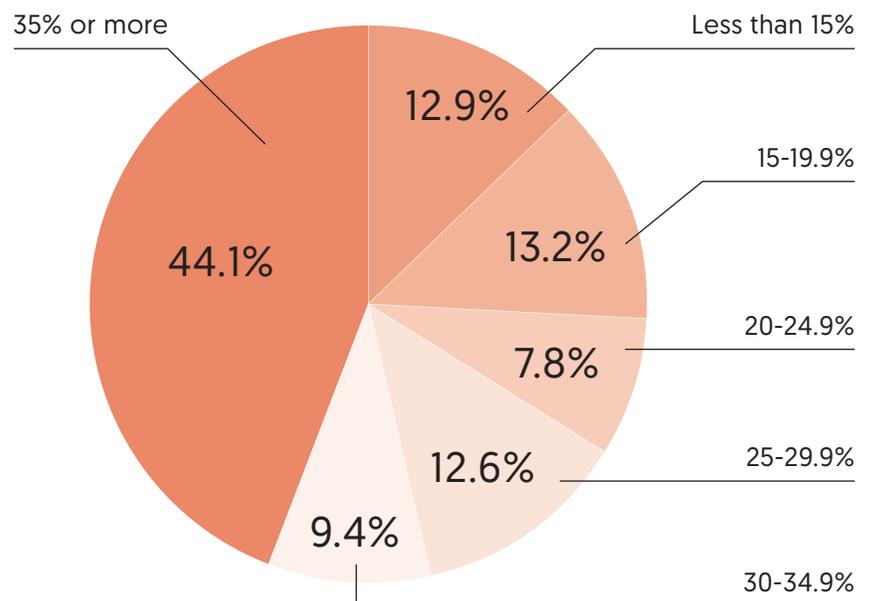
Children, under 18 years

16.7%



Adults, 18 years +

Housing Affordability: Percent of household income spent on housing



SECTION 2

Mental Health Disparities in Butte County

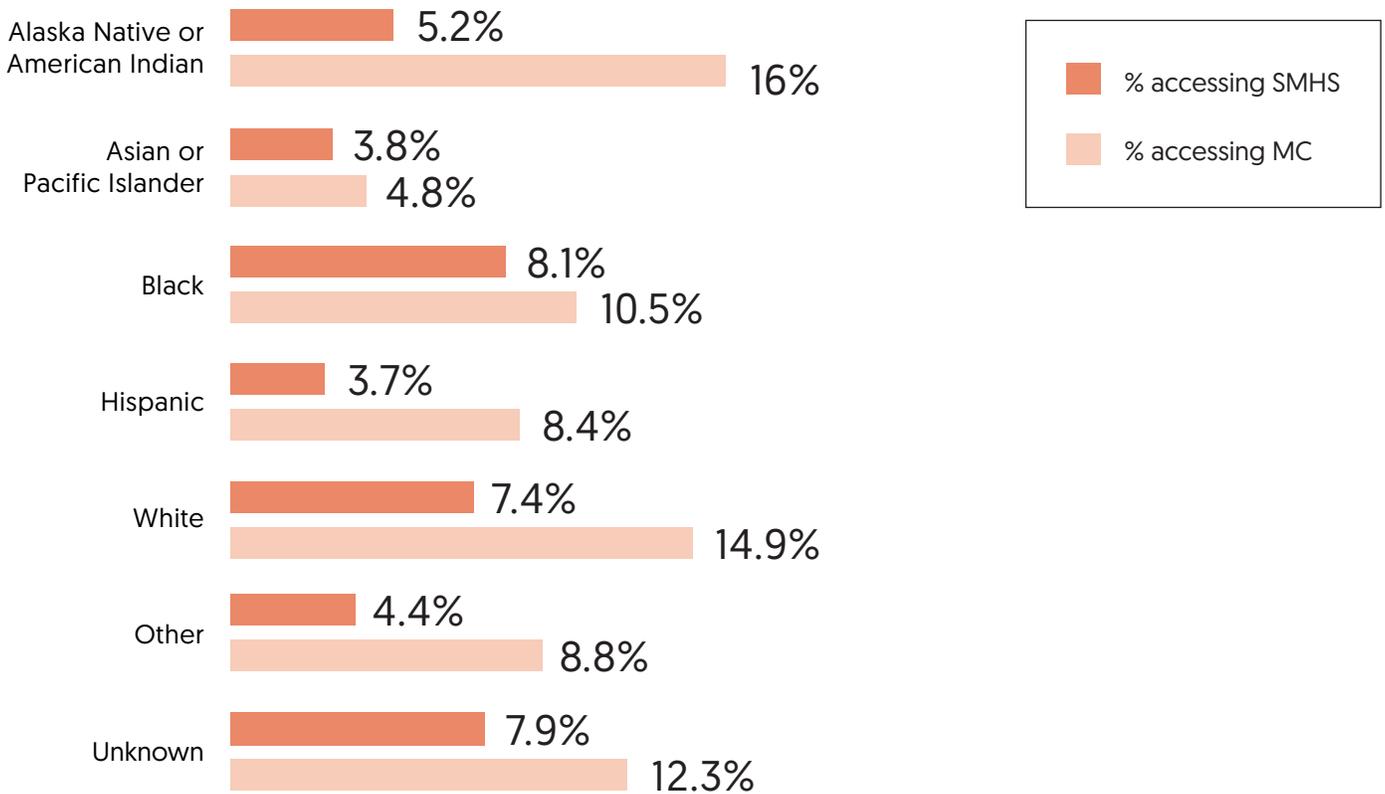


MENTAL HEALTH DISPARITIES IN BUTTE COUNTY²

Medi-Cal mental health benefits for consumers are delivered through two separate systems. Counties provide a broad range of specialty mental health services (SMHS) to adult consumers with more severe mental illness, while Medi-Cal managed care (MC) provides non-specialty mental health services to consumers with mild-to-moderate mental health conditions. The data below demonstrate the wide disparities residents in Butte County face in both systems of care.

Mental health access and utilization: Percent of adults aged 21 and over

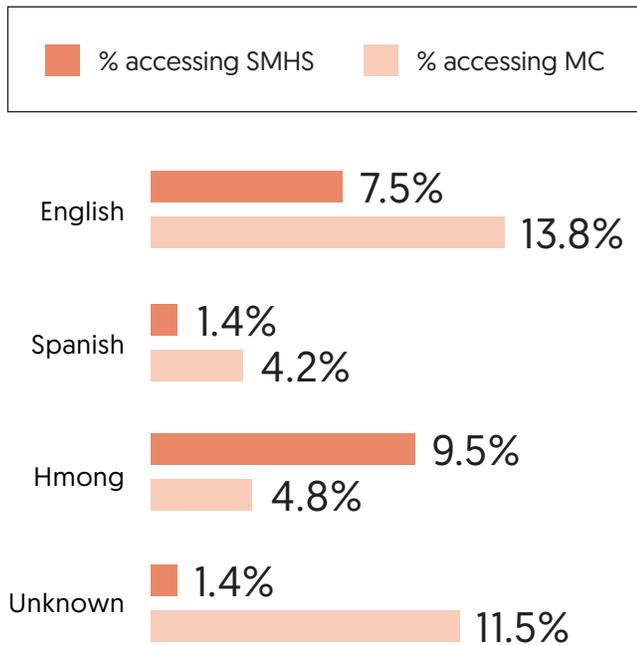
Medi-Cal mental health access rates vary by race and ethnicity, with some groups accessing services at much higher rates than others.



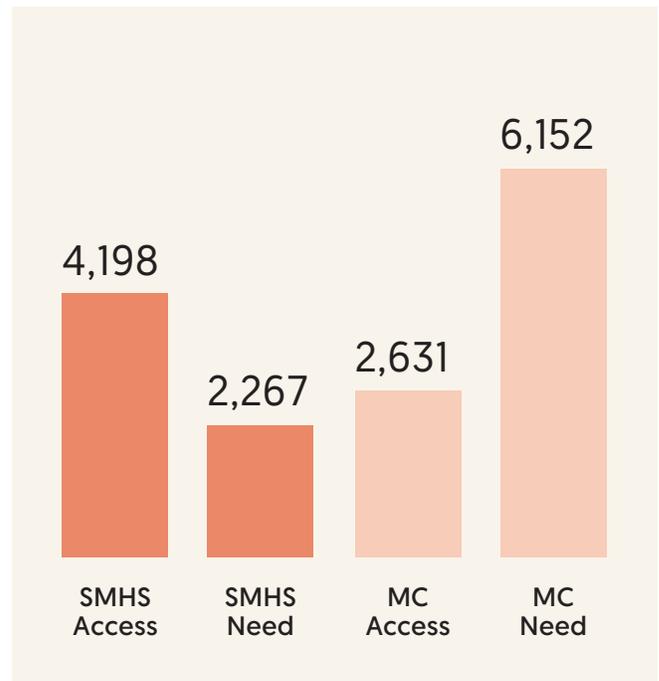
²Based on the California Health and Human Services Agency: MHS Dashboard Adult Demographic Datasets and Report Tool - Fiscal Year 2019



Language Access Needs: Percent of adults aged 21 and over



Medi-Cal Need vs. Access: Number of residents by system



The data for the count of total adults and those with at least one mental health service is either zero or unavailable, including for the following language needs: Mien, Vietnamese, Lao, Arabic, Mandarin, and Cantonese.





Community Highlight: Hmong Americans

Hmong Americans have been residing in Butte County since the early 1980s. Rural landscapes in Butte County remind the Hmong community of their homeland, and many families live close to other Hmong families to maintain their traditional value of family. Hmong families resettled into the U.S. in the aftermath of the Vietnam War. Despite being recruited by the CIA to fight the Secret War in Laos, the Hmong community was abandoned after American troops left Vietnam. Hmong families were initially denied asylum in the U.S. even after fighting alongside American troops and risking persecution after the war. Many families fled to Thailand, until the U.S. began admitting Hmong refugees in the late '70s.

While the Hmong community has been in Butte County for four decades, many continue to struggle with mental health due to experiences with war, violence, and displacement. In 2021, The Hmong Cultural Center of Butte County conducted two listening sessions with the community and shed light on the fact that many Hmong families and individuals still struggle to understand and learn about mental health services that are available in Butte County.

In Hmong culture, it is taboo to discuss mental health because there is no term in the Hmong language to define mental health. The term “mental health” is often misinterpreted as a person who is crazy. As such, stigmas and barriers exist for those who seek services and support in the Hmong community. Many participants from the listening sessions shared that they often have to keep their feelings and mental health concerns to themselves and that this cultural stigma may also worsen mental health issues.

ADDITIONAL KEY FINDINGS

FROM THE LISTENING SESSIONS INCLUDE:

1. Hmong youth sought guidance and support through peers and school counselors, but oftentimes had to educate the provider about Hmong culture before addressing their own mental health needs
2. Hmong youth, adults, and elders did not know about the types of mental health programs and services that existed in the County and through the Mental Health Services Act (MHSA)
3. Hmong youth, adults, and elders wished there were more outreach and accessibility for such services, including having Hmong community leaders and health workers promote programs in linguistically and culturally appropriate ways

Data from the Butte County Department of Behavioral Health show that as of July 2021, the number of clients accessing care was 3,220 for White residents versus 31 for Hmong residents. Because barriers to mental health access still persist, many Hmong community members seek services through community-based organizations like the Hmong Cultural Center of Butte County. HCCBC offers a community safe space for Hmong families and individuals to come forth, share their experiences with mental health, and learn how to improve exposure to and knowledge of mental health as a whole in the Hmong community. HCCBC notes that the Hmong community would be better equipped and supported with mental health programs and services if the materials and language of services were provided with a culturally appropriate approach. Continued collaboration between Butte County's health departments and HCCBC as well as more culturally and linguistically appropriate outreach will be most effective in increasing access to mental health services in Butte County.



SECTION 3

The Mental Health Services Act

WHAT IS THE MHSA?

The Mental Health Services Act (MHSA) was voted into law by Californians in 2004 with the passing of Proposition 63. According to the Department of Health Care Services, “It is designed to expand and transform California’s behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system.”

The MHSA is funded through a 1% tax on personal income above \$1 million per year.

HOW IS MHSA FUNDING ADMINISTERED?

As part of Proposition 63, specifically Section 10 of the MHSA (Welfare and Institutions Code Section 5845), the legislation mandated the creation of the Mental Health Services Oversight and Accountability Commission (MHSOAC) to administer, implement, and oversee this funding. This legislation also outlined how the MHSOAC functions and its composition.

WHAT AREAS DO THE MHSA HAVE TO WORK ON?

The MHSA has six system-building components it must address in every county. They are community program planning and administration, community services and supports, capital (buildings) and information technology, education and training (human resources), prevention and early intervention, and innovation.



HOW DOES THE MHSA ADDRESS THE SIX COMPONENTS?

Under statute and California regulation, each county is required to develop a Three Year Plan, Expenditure Plan, and Annual Updates with the guidance of stakeholders. This process is known as the Community Program Planning process. To learn more about the Community Program Planning process, please go to the Community Program Planning section on page 9.

HOW CAN I GET INVOLVED WITH MHSA AT THE STATE LEVEL?

If you’re interested in training and education opportunities, please reach out to the Southeast Asia Resource Action Center: searac@searac.org.

HOW CAN I GET INVOLVED WITH THE COMMUNITY PROGRAM PLANNING PROCESS IN BUTTE COUNTY?

If you’re interested in getting involved in the Community Program Planning process, you may join committees, participate in working groups, and attend public hearings under the Butte County Department of Behavioral Health. For example, as an active member of the Cultural Competency Committee, you may bring ideas and recommendations to the Community Program Planning process. For more information, please contact Bianca Wilson, Cultural Competency Coordinator at: biwilson@buttecounty.net.



SECTION 4

The Community Planning Process

The Community Program Planning (CPP) process is required by California law, which mandates counties to organize and facilitate meaningful stakeholder and community involvement on mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations.

WHAT IS THE CPP PROCESS?

MHSA funds are divided into six components and one of them is Community Program Planning.

Community Program Planning is a state-mandated, community collaboration process that is used to: assess the current capacity of mental health care and services, define the populations to be served, and determine strategies to provide effective MHSA-funded programs that:

- Are culturally competent
- Are client and family-driven
- Are wellness, recovery and resilience-focused
- Provide an Integrated Service Experience for Clients and their Families. [Services reinforce coordinated agency efforts to create a seamless experience for clients, consumers and families.]

Source: <https://www.calbhbc.org/resources.html>

In the mandate, the counties are tasked with organizing and facilitating meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.

WHAT IS THE PURPOSE OF THE CPP PROCESS?

There are three goals for the Community Program Planning process. They are to create a Three Year Plan, an Expenditure Plan, and Annual Updates.

The Plan(s) and Updates developed through the Community Program Planning process should detail what MHSA funded programs are doing, how much will be set aside to fund these programs, what needs to be done to evaluate the effectiveness of these programs,

and how these programs will meet the intent and requirements of the Mental Health Services Act.

The entire process should be incorporating community collaboration.

Source: https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx

WHO ARE THE STAKEHOLDERS?

Stakeholders must include, but are not limited to:

- Individuals with serious mental illness and/or serious emotional disturbance and/or their families
- Providers of mental health and/or related services such as physical health care and/or social services
- Educators and/or representatives of education
- Representatives of law enforcement
- And any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.

County programs and/or services, found in the Plan(s) and any Updates shall only be funded if the Community Program Planning Process follows these regulations.

These requirements are found in the CA Welfare and Institutions Code (WIC § 5848) and in the California Code of Regulations [9 CCR § 3310] and [9 CCR § 3300].

HOW CAN I LEARN MORE ABOUT THE THREE YEAR PLAN?

Training Per California Code of Regulation 3300:

- Training shall be provided as needed to County staff designated responsible for any of the



functions BELOW that will enable staff to establish and sustain a Community Program Planning Process.

- The overall Community Program Planning Process.
- Coordination and management of the Community Program Planning Process.
- Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.

BUT THAT’S TRAINING FOR THE COUNTY. WHAT ABOUT TRAINING FOR ME?

Per the same regulation, training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client’s family, who are participating in the Community Program Planning Process.

If you’re interested in training and education opportunities, please reach out to the Hmong Cultural Center of Butte County: info@hmongculturalcenter.net.

HOW DO I PARTICIPATE IN THE CPP PROCESS?

Each county has developed several workgroups to accomplish the tasks of the CPP and collaborate with consumers, community members, and local stakeholders. In Butte County, these are:

1. Equity, Diversity and Inclusion Committee:

This committee promotes cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practice to the community. Their goals are to enhance the behavioral health system of care by

reducing behavioral healthcare disparities through collaboration with diverse populations and sharing diverse perspectives.

2. Cultural Competency Committee:

This committee organizes and provides comprehensive training representing diverse racial and ethnic populations in Butte County including Native Americans, Hmong, Latinx, African Americans, LGBTQ+, older adult, transitional aged youth, homeless populations, veterans, and foster care youth. This committee meets the first Wednesday of each month.

You can visit Butte County’s Department of Behavioral Health to check for events and upcoming public meetings for Community Program Planning.

Website: <https://www.buttecounty.net/behavioralhealth/>

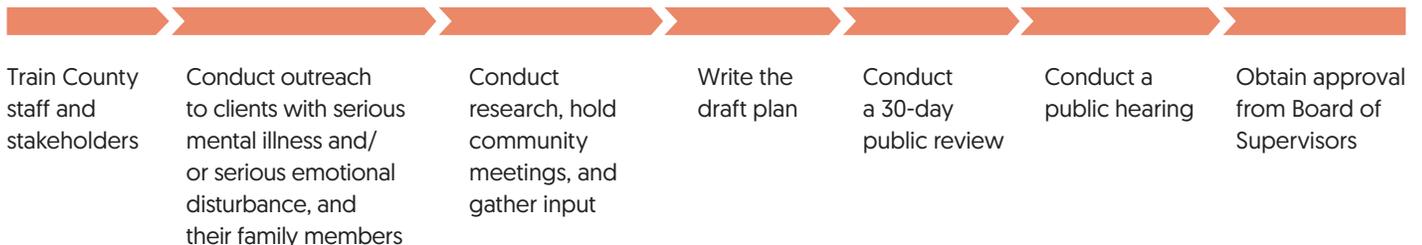
WHEN IS THE CPP PROCESS COMPLETE?

The Community Program Planning process is unique in every county.

A Three Year Plan, Expenditure Plan and any Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

Welfare and Institutions Code 5604 states the mental health board shall conduct a public hearing on the draft three-year program and expenditure plan at the close of the 30-day comment period.

A County must conduct a Community Planning Process that includes input from consumers, family members, and other MHSA stakeholders



SECTION 5

Key Contacts for Advocacy

BUTTE COUNTY BOARD OF SUPERVISORS

The Board of Supervisors serves as the governing body for the County of Butte. The Board exercises the legislative, administrative, and appellate powers prescribed to it by the California State Constitution and Statutes, the Butte County Charter, and the Butte County Charter, and the Butte County Code.

Board of Supervisors meetings are open to the public, peer, client, advocates, family members, staff, and community partners. The schedules, agendas, and minutes are posted online: <http://www.buttecounty.net/clerkoftheboard/boardmeetings>

Supervisors:

- District 1 - Bill Connelly
- District 2 - Debra Lucero
- District 3 - Tami Ritter
- District 4 - Tod Kimmelshue
- District 5 - Doug Teeter

MHSOAC

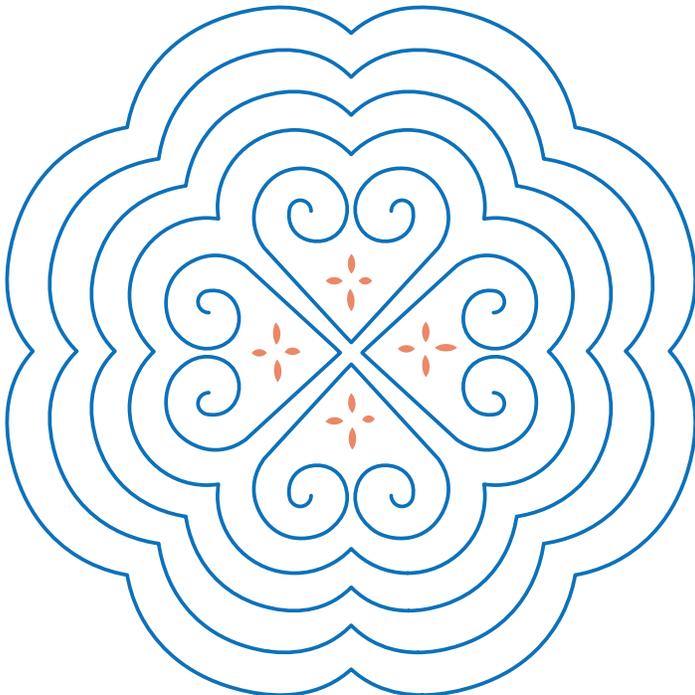


The Mental Health Services Oversight and Accountability Commission (MHSOAC) oversees the implementation of the Mental Health Services (MHSA) Act. The Commission consists of several committees including the Cultural and Linguistic Competence Committee, Client and Family Leadership Committee, and Early Psychosis Intervention Plus Advisory Committee.

All Commission and Committee meetings are open to the public, peer, client, advocates, family members, staff, and community partners. The schedules, agendas, and minutes are posted online: <https://www.mhsoac.ca.gov/news-events/events>

Commissioners:

- Lynne Ashbeck, Clovis - Chair
- Mara Madrigal-Weiss, San Diego - Vice Chair
- Khatera Tamplen, Pleasant Hill
- Mayra Alvarez, Los Angeles
- Ken Berrick, Oakland
- John Boyd, Psy.D., Folsom
- Bill Brown, Lompoc
- Keyondria Bunch, Ph.D., Los Angeles
- Assembly member Wendy Carrillo, Los Angeles
- Itai Danovitch, M.D., Los Angeles
- David Gordon, Sacramento
- Gladys Mitchell, Sacramento
- Tina Wooton, Santa Barbara
- Steve Carnevale, San Francisco
- Shuo (Shuonan) Chen, Berkeley



SECTION 6

Local Mental Health Resources

SERVICES INCLUDE:

Mental Health Outpatient Centers

Wellness and Recovery Centers

Mothers and/or Pregnant Women Program

Medication Assisted Treatment

School Based Counseling

Transition Age Youth

Foster Care Support

Hospital Alternative Program

Support, Employment, Assistance, Recovery, Community, & Housing

BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH (BCDBH)

Butte County Department of Behavioral Health provides services for individuals, youth, and adults in Chico, Gridley, Oroville, Paradise, and rural communities. Its mission is to “partner with individuals, families, and the community for recovery from serious mental health and substance abuse issues and to promote wellness, resiliency, and hope.”

If you or someone you know has a behavioral health crisis situation, call the 24/7 access line at (800) 334-6622 or (530) 891-2810.

Learn more at: <https://www.Buttecounty.Net/behavioralhealth/>



Behavioral Health Advisory Board

THE BEHAVIORAL HEALTH BOARD WAS ESTABLISHED PURSUANT TO WELFARE AND INSTITUTIONS CODE SECTION 5604 TO:

- Review and evaluate the community's mental health needs, services, facilities and special problems
- Review county agreements entered into pursuant to the MHSA act
- Advise the behavioral health board and the local mental health director regarding the local mental health program
- Review and approve the procedures used to ensure resident and professional involvement of the planning process
- Submit an annual report on the needs and performances of the county's mental health system review and make recommendations on applications for appointment of a local director of mental health services
- Review and comment on the county's performance outcome data and communicate its findings to the behavioral health planning council
- Assess the impact of realignment from the state to the county on services delivered to clients and the local community

The Board consists of 13 to 15 members, with 50% of the membership being direct consumers or family members of consumers who are receiving mental health services, with three members being direct consumers and members being family members of consumers receiving mental health services; one member of the Board of Supervisors; one law enforcement representative; one youth representative; and up to 6 community members.

Behavioral Advisory Board meetings are open to the public, peer, client, advocates, family members, staff, and community partners. The schedules, agendas, and

minutes are posted online: <https://www.buttecounty.net/behavioralhealth/advisory-board>

EQUITY, DIVERSITY, AND INCLUSION COMMITTEE

The Equity, Diversity, and Inclusion Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to the community. This committee strives to recognize personal and social biases and to consciously build respectful interactions.

CULTURAL COMPETENCY COMMITTEE

The Cultural Competency Committee is dedicated to organizing and providing comprehensive trainings representing the diverse racial and ethnic populations in Butte County including Latinx, Hmong, Native American, and African American families; as well as socially and culturally diverse groups such as LGBTQI+, older adult, transitional aged youth, the homeless population, veterans and foster care youth. The Committee provides cultural competence trainings that are open to the entire Butte County workforce, including contracted staff and other community providers.



Key Contacts

ADVISORY BOARD (INDIVIDUALS)

- Scott Kennelly, Director - skennelly@buttecounty.net
- Vacant, Medical Director
- Ana Vicuna, Assistant Director, Clinical Services - avicuna@buttecounty.net
- Jennifer Stofa, Assistant Director, Clinical Services - jstofa@buttecounty.net
- Essence Davis, Assistant Director, Administration - edavis@buttecounty.net
- Holli Drobny, Mental Health Services Act Coordinator, Public Information Officer - hdrobny@buttecounty.net

- Kristy Hanson, Executive Analyst - khanson@buttecounty.net
- Mart Brown, Compliance Officer - mabrown@buttecounty.net
- Suzanne Bullock, Human Resources Manager - SBullock@buttecounty.net

EQUITY, DIVERSITY, AND INCLUSION COMMITTEE

- Bianca Wilson, LMFT, Cultural Competency Coordinator - biwilson@buttecounty.net

Community Resources

HMONG CULTURAL CENTER

Founded in 2000 as a non-profit 501(c)(3) organization in Butte County, California to improve the lives of Hmong individuals and families through culturally sensitive education, advocacy, support, and services.

<http://www.hmongculturalcenter.net>

AFRICAN AMERICAN FAMILY AND CULTURAL CENTER

AAFCC's mission is to empower and embrace African American families and communities by reclaiming, restoring and revitalizing our cultural heritage, values, and identity.

<https://www.aafcc-oroville.org/mission>

FIRST 5 BUTTE COUNTY

First 5 Butte County works collaboratively with partners and stakeholders to build a healthy, integrated system of support for young children and their families and caregivers.

<https://first5butte.org/>

CHILD ABUSE PREVENTION COUNCIL

Founded in 1977, CAPC provides statewide training, education research and resource center dedicated to strengthening children, families, and communities and helps prevent child abuse and neglect through four core strategies: Advocacy, Education, Health, and Safety.

<http://www.thecapcenter.org/index1.php>

NORTH VALLEY COMMUNITY FOUNDATION

The Foundation team shares a common belief in the inherent good of humanity, and the incredible power of each person to make a positive and unique contribution to a better world.

<https://www.nvcf.org/>

OROVILLE AREA RESOURCE AND SUPPORT COMMITTEE (OARS)

Boys and Girls Club of the North Valley

<https://bgcnv.org/>



NORTHERN VALLEY CATHOLIC SOCIAL SERVICES

The corporate office of Northern Valley Catholic Social Services (NVCSS) is located in Redding, California with county branch offices located in Chico, Red Bluff, and other satellite offices located in Corning, Gridlet, Orland, Oroville, Paradise, and Yreka. It is a nonprofit founded in 1986 that provides low-cost or free mental health, housing, vocational, and support to individuals and families in Northern California.

<https://nvcss.org/butte/>

OROVILLE HOPE CENTER

The Oroville Hope Center is a nonprofit faith-based organization that partners with community resources to provide food, clothing, and other basic necessities to people in need, free of charge. The workplace is operated through staff and volunteers who provide warm meals, emergency food, and other services to the community.

<https://www.facebook.com/orovillehopecenter/>

OROVILLE SALVATION ARMY

The Salvation Army assesses the needs of each community where they serve through understanding of obstacles, hardship, and challenges native to their area of service. TSA also builds programs designated to offer immediate relief to the community through short and long term goals. TSA also invests in the community by optimizing efficacy in spiritual, physical, and emotional services.

<https://oroville.salvationarmy.org/>

THE FATHER'S HOUSE

The Father's House was founded in 1997 as a journey of community transformation. It started as a business to clean up southside streets, clear garbage, and reclaim drug houses by turning them into beautiful apartments/offices for the growing church campus. Their services include support for those struggling with addiction, a food bank, and programs that provide job skills for students through volunteer opportunities.

<https://www.changeoroville.org/>

Crisis Support and Help Lines

BEHAVIORAL HEALTH CRISIS LINES 24/7

24/7 crisis line: (530) 891-2810 or (800) 334-6622

Behavioral Health provides services for individuals in crisis, for youth, for adults and for alcohol and drug treatment. Services are provided in Chico, Paradise, Oroville, Gridley and rural communities.

<https://www.buttecounty.net/behavioralhealth/>

HMONG TALK-LINE

M-F, 9am-9pm phone line: (530) 403-3978

A warm-line designed to provide peer support for any Hmong community members who are going through the recovery process of mental illness. Support for families offered via telephone and in person.

info@hmongculturalcenter.net

CATALYST

24/7 crisis line: (800) 895-8476

Catalyst's mission is to reduce the incidence of intimate partner violence through crisis intervention, community education, and the promotion of healthy relationships.

<https://catalystdvservices.org/>

YOUTH FOR CHANGE

24/7 crisis line: (877) 478-6292 [RunAWAY]

The Homeless Emergency Action Response Team (HEART) program, operated by Youth For Change, provides street outreach services, a 24/7 crisis hotline and mobile response, emergency shelter, assessment, case management, and brief individual and family counseling to stabilize living situations and strengthen families.



Psychiatric Inpatient Services

YOUTH FOR CHANGE

<http://www.youth4change.org/>

Programs:

- Medical/Psychiatric Support Services (MPS) are offered to all children, adolescents, and their families who are enrolled in a variety of Youth for Change programs, up to the age of 18. These services include consultation, diagnostic assessment, psychotropic medication treatment, and psychotherapy.
- Therapeutic Behavioral Services (TBS) is one of the many services Youth for Change provides to youth in Butte County. TBS is a specialty mental health program offered to children and youth with serious emotional problems who are experiencing a stressful transition or life crisis. Call (530) 891-2795.
- The Hospital Alternatives Program (HAP) has specially trained Clinicians and Behavioral Health Counselors to provide comprehensive response and support services to youth who are in need of intensive services as an alternative to being hospitalized following a 5150 screening. Call (530) 828-2738.

BUTTE COUNTY BEHAVIORAL HEALTH

The Psychiatric Health Facility is a 16-bed, 24-hour acute non-medical facility. The facility provides a safe environment for voluntary and involuntary clients needing acute care for mental illness to receive support and treatment.

<https://www.buttecounty.net/behavioralhealth/help-in-crisis>

Outpatient Clinics and Wellness Centers

BUTTE COUNTY BEHAVIORAL HEALTH

BCBH focus areas include mental health and substance abuse assessment, psychiatric assessment and evaluation for medication, medication monitoring, limited individual counseling, group counseling, bilingual counseling services, interpreter services, benefits services, and community services referral.

<https://www.buttecounty.net/behavioralhealth/adult-services>

OROVILLE WELLNESS & RECOVERY CENTER

2243 Del Oro Avenue, Oroville, CA 95965

(530) 538-2574

Hours: Monday to Friday, 8:00am to 5:00pm

IVERSEN WELLNESS AND RECOVERY CENTER

492 Rio Lindo Avenue, Chico, CA 95926

(530) 879-3311

Hours: Monday to Friday, 11:00am to 4:30pm

<https://nvcss.org/programs/iversen/>

SIERRA HEALTH AND WELLNESS CENTERS

2167 Montgomery Street, Oroville CA 95965

(530) 854-4119

<https://www.sierrahealthwellnesscenters.com/>

OTHER BENEFITS ASSISTANCE, HOUSING, AND FOOD COMMUNITY ACTION AGENCY OF BUTTE COUNTY

2640 South 5th Ave., Ste. 1 & 2, Oroville, CA 95965

(530) 712-2600

<https://www.buttecaa.com/>

OROVILLE HOUSING DEPARTMENT

1735 Montgomery St., Oroville, CA 95965

(530) 538-2495

<https://orovillehousingauthority.com/>



OROVILLE RESCUE MISSION

Men's Shelter: 4250 Lincoln Blvd., Oroville, CA 95966.
[530] 534-9541

Women's Shelter: 4250 Lincoln Blvd., Oroville, CA 95966.
[530] 533-0351

<https://www.oroillerescuemission.org/>

**SUPPORT, EMPLOYMENT, ASSISTANCE, RECOVERY,
CONSUMER HOUSING (SEARCH)**

18 County Center Dr., Oroville, CA 95965
[530] 538-7705

[https://www.buttecounty.net/behavioralhealth/
adult-services/oroville](https://www.buttecounty.net/behavioralhealth/adult-services/oroville)

6TH STREET TRANSITIONAL HOUSING PROGRAM

130 W. Sixth St., Chico, CA 95928
[530] 894-8008

<https://www.6thstreetcenter.org/>

CALIFORNIA HUMAN DEVELOPMENT CORPORATION

1249 Mangrove Ave., Chico, California 95926
[530] 899-0624

<https://californiahumandevlopment.org/>

CATALYST HAVEN

Location is confidential
[530] 343-7711 or [800] 895-8476

<https://catalystdvservices.org/>

**CITY OF CHICO CITY HOUSING AND
NEIGHBORHOOD SERVICES**

411 Main St., 2nd Floor, Chico, CA 95928
[530] 879-6300

<https://chico.ca.us/housing-division>

COMMUNITY HOUSING IMPROVEMENT PROGRAM

1001 Willow St., Chico, CA 95928
[530] 891-6931

<https://chiphousing.org/>

ESPLANADE HOUSE

181 E. Shasta Ave., Chico, CA 95973
[530] 891-2977

<https://www.buttecaa.com/esplanade-house/>

JESUS CENTER

1297 Park Ave., Chico, CA
[530] 345-2640

<https://jesuscenter.org/>

SABBATH HOUSE

1297 Park Ave., Chico, CA 95928
[530] 899-9343

<https://jesuscenter.org/housing/sabbath-house/>

TORRES COMMUNITY SHELTER

101 Silver Dollar Way, Chico, CA 95928
[530] 891-9048

<https://torresshelter.org/>

